MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05667

Reg. Dist. No. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: County Queen Anne's; City or town Centreville (If outside city or town limits, write RURAL NEAR and give town); Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 1 mo

Stay in this community (yrs., or mos., or days) 1 "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County Queen Anne's; City or town Queen Anne's Sta. Ward No. (If outside city or town limits, write RURAL NEAR and give town); Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Benjamin B. Brown

3. (b) Social Security Number ✓

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 18 1865

8. AGE: Years 74 Months 10 Days 13 If less than one day ____ hrs. ____ min.

9. Birthplace Harrington Delaware (Town, county, and state)

10. Usual occupation Farmer & Lumber Dealer

11. Industry or business "

FATHER 12. Name Joseph Brown

13. Birthplace Delaware

MOTHER 14. Maiden name Mrs. Lydia Harrington

15. Birthplace Delaware

16. Informant Joseph M. Brown Address Centreville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 3-40 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Hillsboro - Md

18. Funeral director Carter Bros

Address Centreville, Md

19. May 2 1940 (Date rec'd by registrar) Maude S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 3:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 1 1940, and that I last saw h— alive on May 1 1940.

Immediate cause of death	DURATION
Cerebral Haemorrage	1 day
Due to Hypertension Cardio Vascular Disease	Unknown
Due to Arteria Sclerosis	Unknown
Diher condiiions None	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations No

Dt autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE C. K. Leyton M.D. M. D. or other

Address Centreville Md. Date signed 5-2-40

RECEIVED
JUN 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

05668

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne

City or town Centreville, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Centreville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Estelle Bryan

3. (b) Social Security Number None.

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widowed

8 (b) Name of husband ~~or wife~~ Thomas Edward Bryan

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 1 - 1858

8. AGE: Years 82 | Months 4 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace Carmichael, Queen Anne Co. Md

(Town, county, and state)

10. Usual occupation Housewife -

11. Industry or business

FATHER

12. Name William James Price Sr

13. Birthplace Queen Anne Co. Md

MOTHER

14. Maiden name Annie Price

15. Birthplace Queen Anne Co. Md.

16. Informant Mrs Nina Bryan Wuster

Address Salisbury, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 7-40 (month) (day) (year)

Cemetery or crematory Chesterfield Cemetery

Location Centreville Md

18. Funeral director Barton Bros

Address Centreville Md.

19. May 7 1940 (Date rec'd by registrar) Mamie S. Bright Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17 1938, to May 5 1940, and that I last saw her alive on May 5 1940.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Same

Of autopsy

DURATION

25 yrs.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. B. McPherson M. D. or other

Address Centreville, Md Date signed 5/6-40

RECEIVED
JUN 4 1940
BUREAU V. S.

05669

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46B)

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
County Queen Anne
City or town Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 17 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Queen Anne
City or town Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Caroline Nately Burns

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: John R. Burns
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept 14 - 1860

8. AGE: Years 79 | Months 8 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace: Queen Anne Co (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Thomas Weaver
13. Birthplace: Queen Anne Co
MOTHER
14. Maiden name: Angelina Personette
15. Birthplace: Queen Anne Co
16. Informant: Miss Kate Weaver
Address: Centreville, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 26-'40 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md
18. Funeral director: Barton Bros
Address: Centreville, Md
19. May 25 1940 (Date rec'd by registrar) Mamie S. Bright Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 - 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 31 - 1939, to May 24 - 1940, and that I last saw her alive on May 20 1940.

Immediate cause of death: Carcinoma of Stomach — DURATION: 8 mos.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE W. Henry Fisher M. D. or other
Address Centreville Md Date signed 5/25.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-2)

CERTIFICATE OF DEATH

05670

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Grasonville (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Sergs Corner Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Melvina Carter

3. (b) Social Security Number: 219-03-7532

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Col.	married

B (b) Name of husband or wife: James S. Carter
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 2. 1888

8. AGE:

Years	Months	Days	If less than one day
52	1	6	hrs. min.

9. Birthplace: Stevensville, Md.
(Town, county, and state)
10. Usual occupation: housework
11. Industry or business: own home
FATHER 12. Name: John R. Hadrick
13. Birthplace: Virginia
MOTHER 14. Maiden name: Sidelia Burke.
15. Birthplace: Queen anne's Co. Md.
16. Informant: husband
Address: Grasonville

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 12-1940 (month) (day) (year)
Cemetery or crematory: Bryan chapel.
Location: Grasonville Md
18. Funeral director: John D Hutchinson
Address: Easton, Md

19. May 10 1940 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 9 1940, at 6 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1938, to May 8 1940, and that I last saw h alive on May 8 1940.

	DURATION
Immediate cause of death: Arteriosclerosis	2 yrs
Due to: endocarditis chronica	2 yrs
Due to: nephro - Sclerosis	1 yr
Other conditions: angina pectoris, coronary Sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Theodor Sattelmaier M. D. or other
Address: Stevensville Date signed May 9. 1940

RECEIVED
JUN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05671

(157-2)

1. PLACE OF DEATH

County Queen Anne's Registration Dist. No. 254

Village or City near Perrys Corner No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Collier If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): May 2. 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date decreased last worked at this occupation (month and year) 1f. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) near Perrys Corner (State or country) Md.

FATHER

13. NAME Herbert Munroe Collier

14. BIRTHPLACE (city or town) Q. A. Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Nettie Smith

16. BIRTHPLACE (city or town) Q. A. Co. (State or country) Md.

17. INFORMANT Herbert M. Collier Father (Address) Goldsboro Md

18. BURIAL, CREMATION, OR REMOVAL Place Centreville Date May 5, 1940

19. UNDERTAKER Barton Bros (Address) Centreville Md

20. FILED May 5, 1940 Helen M. Aldridge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 4 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 2 1940, to May 4, 1940

I last saw him alive on May 4, 1940; death is said to have occurred on the data stated above, at 3. P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congenital Heart disease (Blue baby)	5/4-40

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Henry Fisher M. D.

(Address) Centreville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

05672

Reg. Dist. No. 254

1. PLACE OF DEATH:

County Queen Anne

City or town Greasonville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Queen Anne Co

City or town Greasonville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Georgianna P. Collier

3. (b) Social Security Number none.

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband ~~or wife~~ James A. Collier

6(c) If alive, give age 88 years

7. Birth date of deceased (mo., day, yr.) Oct 4 - 1870

8. AGE: Years 69 Months 7 Days 4. If less than one day hrs. min.

9. Birthplace Queen Anne Co Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John R. Thomas

13. Birthplace Queen Anne Co Md.

MOTHER 14. Maiden name Sarah Jones

15. Birthplace Queen Anne Co, Md.

16. Informant B. O. Smith

Address Greasonville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 9 1940 (month) (day) (year)

Cemetery or crematory Chesterfield

Location Centreville, Md.

18. Funeral director John D. Williams

Address Easton, Md.

19. May 9 1940 (Date rec'd by registrar) Helen M. Aldridge Inc. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 8 - 1940, at 8:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sep 1937, to May 1940, and that I last saw h pr alive on May 7 1940.

Immediate cause of death General Asthenia

Due to Primary cause: Cerebral hemorrhage.

Due to Duration: One year. W.G.R.

Other conditions Paralysis of throat

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr Chas E Snyder M. D. or other

Address Stevens Md Date signed 5/8/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (926)

05673

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Annes

City or town Chester (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Q. A.

City or town Chester Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR 225-05-7846 (Poss.)

3. (a) FULL NAME James Walter Crouch

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie Selby Crouch

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Dec 8th 1867

8. AGE: Years 72 Months 5 Days 10 If less than one day hrs. min.

9. Birthplace Kent Co. Md (Town, county, and state)

10. Usual occupation Oyster packer

11. Industry or business

FATHER 12. Name Benjamin D. Crouch

13. Birthplace Cecil Co. Md

MOTHER 14. Maiden name Annie Eliza Longue

15. Birthplace Cecil Co. Md

16. Informant Benj. Franklin Crouch

Address Warwick Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 20-1940 (month) (day) (year)

Cemetery ~~or crematory~~ Stevensville

Location Stevensville

18. Funeral director F. C. Thomas & Son

Address Stevensville

19. May 18 1940 F. C. Thomas Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940, at 9:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1938, to May 18 1940, and that I last saw alive on May 18 1940.

Immediate cause of death Cardiac dilation with mitral regurgitation

Due to

Due to

Other conditions Arteriosclerosis Cutlargic heart.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas E. Snyder M. D. or other

Address Stevensville Date signed 5/19/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(195-D)

05674

CERTIFICATE OF DEATH

Reg. Dist. No. 250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Anne
City or town Mr Templeville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 7 month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State New Jersey County
City or town New Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR /

3. (a) FULL NAME James Dancsics

3. (b) Social Security Number 141-05-6477

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Ethel Dancsics
6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dont Know 1873

8. AGE: Years 67 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Hungary (Town, county, and state)
10. Usual occupation Electrician
11. Industry or business Machine Shop
FATHER 12. Name dont know
13. Birthplace "
MOTHER 14. Maiden name dont know
15. Birthplace "
16. Informant Mrs Ethel Dancsics
Address Marydel, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16-40 (month) (day) (year)
Cemetery or crematory Templeville Cemetery
Location Templeville Md
18. Funeral director Proctor Bros
Address Centreville Md
19. 5/15 1940 (Date rec'd by registrar) C. W. Anderson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1940, at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h alive on ____ 19__.

Immediate cause of death	DURATION
Probable cause: Strangulation; (Coroner's Physician) undetermined unkn	
Due to Visited by friends	
Due to Deceased was found hanging. Both corneal of hyoid bone fractured. No traces of poison.	
Other conditions Undetermined as to whether suicidal or homicidal. C.W.A. (Include pregnancy within 3 months of death)	

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Undetermined Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Was found hanging. Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Queenstown Date signed

RECEIVED
JUN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05675

1. PLACE OF DEATH (8)

County G a Co Registration Dist. No. 250

Village or City Mt Barclay No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME "Bay" Dickerson (Still Born)

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	C	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Still Born

6. DATE OF BIRTH (month, day, and year) May 21, 40 –

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
Still Born			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mt Barclay Md

FATHER

13. NAME Charles Rolchester

14. BIRTHPLACE (city or town) (State or country) Barclay Md

MOTHER

15. MAIDEN NAME Catherine Dickerson

16. BIRTHPLACE (city or town) (State or country) Barclay Md

17. INFORMANT (Address) Mary Berry Barclay Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Barclay Date May 22, 1940

19. UNDERTAKER (Address) Wm. H. Good Church Hill

20. FILED May 22 1940 Elizabeth Nickerson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Still Born Mg 21, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on Still Born, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other Contributory Causes of importance:	
Trno.	

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury ___, 19___

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? W

If so, specify ___

(Signed) C H Mitchell M. D.

(Address) Sudlerville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-T)

CERTIFICATE OF DEATH

05676

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Anne's
City or town Queenstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Two years

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Kennedyville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME William S Hurlock.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Annie Hurlock
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1860

8. AGE:

Years	Months	Days	If less than one day
80	4	8	hrs. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business Farming

FATHER
12. Name William Hurlock
13. Birthplace Maryland.

MOTHER
14. Maiden name Mariah F. McCarter
15. Birthplace Maryland.

16. Informant Mrs. Norman Hurlock
Address Queenstown Md

17. Burial Date thereof May 10 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Chestertown
Location Chestertown Kent Co.
18. Funeral director Hilton Funeral Home Md
Address Chestertown - Md.
19. May 8 1940 Helen M. Aldridge
(Date rec'd by registrar) For Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 3¼ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1938, to May 8 1940, and that I last saw him alive on May 7 1940.

Immediate cause of death	DURATION
Cerebral thrombosis	1 yr.
Due to Arteriosclerosis	5 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lawrence J Rice M.D.
M. D. or other
Address Queenstown Date signed 5/8/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-2)

CERTIFICATE OF DEATH

05677

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Annes
City or town Chesley
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Annes
City or town Chesley Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maud J. Kirwan

3. (b) Social Security Number None

4. Sex Female **5. Color or race** White **6. (a) Single, married, widowed, or divorced** Married

6 (b) Name of husband or wife Samuel Kirwan

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) October 19th 1882

8. AGE: Years 57 | Months 6 | Days 20 | If less than one day ____ hrs. ____ min.

9. Birthplace Queen Anne Co. Md
(Town, county, and state)

10. Usual occupation Home Make

11. Industry or business

FATHER
12. Name Samuel E. Gale
13. Birthplace Kent Co. Delaware

MOTHER
14. Maiden name Mary C. Thompson
15. Birthplace Frederic. Md.

16. Informant Samuel Kirwan
Address Chesley Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 12 - 1940 (month) (day) (year)
Cemetery or crematory Family burial ground
Location near Kirwan home

18. Funeral director J. C. Thomas
Address Stevensville

19. May 10th 1940 (Date rec'd by registrar) J. C. Thomas Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 7 1939, to May 9 1940, and that I last saw h ed alive on May 9 1940.

	DURATION
Immediate cause of death Carcinoma	
Due to of Cervical gland.	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas E Snyder MD M. D. or other
Address Stevensville Date signed 5/9/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

05678

CERTIFICATE OF DEATH

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne
City or town: Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 84 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Queen Anne
City or town: Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION) ✓
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Maria Merritt Mc Kenney

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ✓
6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): Jan 18-1856

8. AGE: Years: 84 Months: 3 Days: 14 If less than one day: hrs. min.

9. Birthplace: Centreville, Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: "

FATHER
12. Name: Wm. Mc Kenney
13. Birthplace: Queen Anne Co

MOTHER
14. Maiden name: Miss Eleanor Goodhue
15. Birthplace: Queen Anne Co

16. Informant: Mrs John Mc Kenney
Address: Centreville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 6-40 (month) (day) (year)
Cemetery or crematory: Private
Location: Centreville, Md

18. Funeral director: Burton Bros
Address: Centreville, Md

19. May 4 1940 (Date rec'd by registrar) Thomas S. Bright Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2 1940, at 11 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 30 1940, to May 2 1940, and that I last saw h alive on May 2 1940

Immediate cause of death	DURATION
Lobar Pneumonia	2 Days
Due to	
Due to	
Other conditions: Had attacks of Angina Pectoris on April 30-40	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md Date signed 5/3-40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-7)

05679

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County: Queen Anne

City or town: Queen Ned

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): None

Stay in this community (yrs., or mos., or days): 35 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Queen Ned Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Olivia C. Newnome

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Morgorat E. Newnome

6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): 1864 April 13

8. AGE: Years: 76 Months: 0 Days: 21 If less than one day: hrs. min.

9. Birthplace: Queen Anne Co Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Agriculture

FATHER

12. Name: James Newnome

13. Birthplace: Queen Anne Co

MOTHER

14. Maiden name: Miss Stubbs

15. Birthplace: Queen Anne Co

16. Informant: Morgorat E. Newnome

Address: Queen Ned

17. Burial (Burial, cremation, or removal. Which?) Date thereof: MAY 7 1940 (month) (day) (year)

Cemetery or crematory: Church Hill Cem.

Location: Church Hill Md.

18. Funeral director: Wm. H. Good

Address: Church Hill Md.

19. May 6 1940 (Date rec'd by registrar) W. H. Good Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 4 1940, at 3A M

I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to May 4 1940, and that I last saw her alive on May 3rd 1940.

Immediate cause of death: Central Heart Disease — DURATION: 6 Mos

Due to

Due to

Other conditions: Carcinomatous — Bladder 3 Mos

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury Injured at work?

23. SIGNATURE: Lorraine S. Dudley M. D. or other

Address: Church Hill Md Date signed: May 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
JUN 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

05680

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County Queen Anne

City or town Ruthsburg,

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) Life time

Stay in this community (yrs., or mos., or days) Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Queen Anne

City or town Ruthsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice Pindar

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife Stephen Pindar

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 48 | Months | Days | If less than one day hrs. min.

9. Birthplace Ruthsburg Md (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name John Simpson

13. Birthplace Maryland

MOTHER 14. Maiden name Charlotte Johnson

15. Birthplace Maryland

16. Informant Stephen Pindar

Address Ruthsburg (Centreville R.F.D.)

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 13 1940 (month) (day) (year)

Cemetery or crematory Ruthsburg Cem.

Location Ruthsburg

18. Funeral director W. H. Hood

Address Church Hill

19. May 13 1940 W. H. Hood

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Coronary Embolism	1
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lemuel Price M.D.

M. D. or other

Address Queenstown Date signed 5-10-40

RECEIVED
JUN 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-E)

CERTIFICATE OF DEATH

05681

Reg. Diat. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Queen Anne's

City or town near Centreville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 55 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Queen Anne

City or town near Centreville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Janie Bayliss Roe

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Chas W. Roe.

6(c) If alive, give age 58. years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1885

8. AGE:

Years	Months	Days	If less than one day
55	3	7	hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER

12. Name Wm Bayliss.

13. Birthplace Del.

MOTHER

14. Maiden name Mary McKnett

15. Birthplace Del.

16. Informant Chas W. Roe.

Address Centreville, Md.

17. Burial Date thereof May 9, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chesterfield

Location Centreville Md.

18. Funeral director James A. Spence.

Address Easton. Md.

19. May 8 1940 Mamie S. Bright

(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7- 1940, at 3 00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7- 1940, to May 7 1940, and that I last saw h-er alive on May 7 1940.

	DURATION
Immediate cause of death Coronary Thrombosis	2 hrs
Due to Myocarditis - Chronic Nephritis.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Harry Fisher M. D. or other

Address Centreville Md Date signed 5/8-40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (44B)

05682

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
County: Queen Anne
City or town: Centreville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Anne
City or town: Centreville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Thomas Curtis Seward

3. (b) Social Security Number: 213-10-5939

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hilda Tucker Seward
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Nov 9-1900

8. AGE: Years: 39 40 | Months: 6 | Days: 22 | If less than one day ____ hrs. ____ min.

9. Birthplace: Centreville Md
(Town, county, and state)
10. Usual occupation: Druggist
11. Industry or business: "
FATHER
12. Name: T. Frank Seward
13. Birthplace: T. A. Co
MOTHER
14. Maiden name: Katherine Milby
15. Birthplace: T. A. Co
16. Informant: Mrs Hilda Seward
Address: Centreville, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 3-40 (month) (day) (year)
Cemetery or crematory: Chesterfield
Location: Centreville, Md
16. Funeral director: Barton Bros
Address: Centreville, Md
19. June 1 1940 (Date rec'd by registrar) Tamir S. Bright Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 31 1940, at 11:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1937, to May 31 1940, and that I last saw him alive on May 31 1940.

Immediate cause of death: Hodkins Disease — DURATION: Over 2 1/2 yrs
Due to: Endocarditis
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: H. S. McPherson M. D. or other
Address: Centreville Date signed: 6-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.